MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-038462
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 548 Registrar's No. 2859

FILED SEP 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webster Groves, 19 Mo
Length of stay in 1b: 483
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Glenwood Clinics
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN: Pacific
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS: 5 mi North of Pacific (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First: GUSTAVE Middle: Last: SCHULTZ

4. DATE OF DEATH Month-Day-Year: 9 – 11 – 63

5. SEX: M.
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 26. 1882
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months / Days IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Herman Kagler
13b. MOTHER'S MAIDEN NAME: Pauline Wolf
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ed. Wolf. 236 Cannonbury Webster Groves Mo Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bilateral bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized + cerebral arteriosclerosis
DUE TO (c): anemia of unknown cause

INTERVAL BETWEEN ONSET AND DEATH: 2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour / Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-13-62 to 9-11-63 and last saw him alive on 9-11-63
Death occurred at 8:40 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Peter H. Herr M.D.
22b. ADDRESS: 1300 Frank Rd. St. Louis 19. Mo.
22c. DATE SIGNED: 9-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 14, 1963
23c. NAME OF CEMETERY OR CREMATORY: Home
23d. LOCATION (City, town, or county): Pacific (State): Mo

24. FUNERAL DIRECTOR / ADDRESS: Mr. John L. Thieler Pacific Mo.
25. DATE RECD. BY LOCAL REG.: 9-13-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____Ralph Oltmann_____

      Signature of Student Embalmer

                                        Licensed Embalmer No. 4808

                                        P. O. Address Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.